## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10 553485

|   |   |   |  |                               | V)                                     | <u>55.</u>                    | <u> 3485</u> |                     |                  |            |               |                     |                        |
|---|---|---|--|-------------------------------|--|-------------------------------|--------------|---------------------|------------------|------------|---------------|---------------------|------------------------|
|   |   | CLAIMS A                                  | AS FILED -   |                               |  |                               |              | SMALL ENT           | ITY              | ITY        |               | OTHER THA           |                        |
| U.S. NATIONAL STAGE FEES                                      |   |   | (Column 1)   |                               | (Column 2)                             |                               |              | RATE                | FE               |            | ,             |                     |                        |
|   |   |   | <u> </u>   |                               |  |                               |              | KAIE                |                  | :::        |               | RATE                | FEE                    |
| BASIC FEE   |   |   | SMALL ENT. = \$ 150  |                               | LARGE ENT. = \$ 300                    |                               |              | BASIC FEE           | 150              | <u>. ر</u> | OR            | BASIC FEE           |                        |
| EXAMINATION FEE   |   |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                               |  | her situations = 100 / \$ 200 |              | EXAM. FEE           | 101              | <b>.</b>   |               | EXAM. FEE           |                        |
| SEARCH FEE .  |   |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                               | All other situations = \$ 250 / \$ 500 |                               |              | SEARCH FEE          | às               | 0          |               | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.                                      |   |   | minus 100 =  |                               | / 50 <del>=</del>                      |                               |              | X \$ 125 =          |                  |            |               | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS                                       |   |   | minus 20 =   |                               | *                                      |                               |              | X \$ 25 =           |                  | ^          | OR            | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |   |   | \ minus 3 =  |                               | *                                      |                               |              | X \$ 100 =          |                  |            | OR            | X \$ 200 =          |                        |
| MUL   | TIPLE DEPENI  | DENT CLAIM PRI                            | SENT   |                               |  |                               |              | + \$ 180 =          |                  |            | OR            | + \$ 360 =          |                        |
| * If  | the difference  | in column 1 is                            | less than zero   | , enter "(                    | " in column 2                          |                               | •            | TOTAL               |                  |            | OR.           | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |   |  |                               |  |                               |              | SMALL ENTITY        |                  | OR         | OTHER SMALL E |                     |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA              |              | RATE                | AD<br>TIOI<br>FE | NAL.       |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus  | **                            |  | =                             |              | X \$ 25 =           |                  |            | OR            | X \$ 50 =           |                        |
|   | Independent   | *   | Minus  | ***                           |  | =                             |              | X \$ 100 =          |                  |            | OR            | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |  |                               |  |                               |              | + \$ 180 =          |                  |            | OR            | + \$ 360 =          |                        |
| ÷   |   |   |  |                               |  |                               |              | TOTAL ADDIT.<br>FEE |                  |            | OR            | TOTAL ADDIT.<br>FEE |                        |
|   |   | (Column 1)                                |  | (Colu                         | mn 2)                                  | (Column 3)                    |              |                     |                  |            |               |                     |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                           | PRESENT<br>EXTRA              |              | RATE                | AD<br>TIOI<br>FE | <b>NAL</b> |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus  | **                            |  | Ė                             |              | X \$ 25 =           |                  |            | OR            | X \$ 50 =           |                        |
|   | Independent   | *   | Minus  | ***                           |  | =                             |              | X \$ 100 =          |                  |            | OR            | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |  |                               |  |                               |              | + \$ 180 =          |                  |            | OR            | + \$ 360 =          |                        |
| TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE                          |   |   |  |                               |  |                               |              |                     |                  |            |               | -                   |                        |
| **  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "2". |   |  |                               |  |                               |              |                     |                  |            |               |                     |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.